

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00495028		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee AMS Communications, Inc.			Date of Public Distribution/Dissemination 10 / 17 / 2016		
Mailing Address 500 Sansome St Ste 404			Amount 18691.00		
City State Zip Code San Francisco CA 94111-3218		Transaction ID : VN7GDA5FWK5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct Mail - Estimate		Category/ Type 			
Name of Federal Candidate Paulsen, Erik, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 71571.36			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gumbinner Davies & Simpson Communications			Date of Public Distribution/Dissemination 10 / 17 / 2016		
Mailing Address 2001 S St NW Ste 301			Amount 11843.78		
City State Zip Code Washington DC 20009-1164		Transaction ID : VN7GDA5G1B2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct Mail - Estimate		Category/ Type 			
Name of Federal Candidate Babeu, Paul, R., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 35531.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30534.78		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lapp, Alixandria, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 10 / 19 / 2016		

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gumbinner Davies & Simpson Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 2001 S St NW Ste 301			Amount 21587.80	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VN7GDA5G1C0 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Direct Mail - Estimate		Category/ Type		
Name of Federal Candidate Cain, Emily, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 02 State: ME
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee The Baughman Company, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1592 Union St Ste 401			Amount 14729.35	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA5G1E6 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Direct Mail - Estimate		Category/ Type		
Name of Federal Candidate Coffman, Michael, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 06 State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36317.15
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Lapp, Alexandria, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee The Baughman Company, Inc.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1592 Union St Ste 401		Amount <input type="text"/>	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA5G1F4
Purpose of Expenditure Direct Mail - Estimate	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/ Type <input type="text"/>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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Lapp, Alexandria, , ,

[Electronically Filed]

Date

 / /

Signature